## FORM D

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

SEC Mail Processing Section

## FORM D

JUL -7 2008

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

vvashington, DC 110

SECTION 4(6), AND/OR

# SEC USE ONLY Prefix

UNIFORM LIMITED OFFERING EXEMPT	ION		
Name of Offering ( check if this is an amendment and name has changed, and indicate changed common stock and options to purchase common stock and the underlying common stock	inge.)		
Filing Under (Check box(es) that apply):	ion 4(6) ULOE		
Type of Filing: New Filing	<u> </u>		
A. BASIC IDENTIFICATION DATA			
I. Enter the information requested about the issuer			
Name of Issuer ( check if this is an amendment and name has changed, and indicate changed	ge.)		
ALJ Regional Holdings, Inc.			
Address of Executive Offices: (Number and Street, City, State, Zip Code) 9003 Cincinnati-Dayton Road, West Chester, OH 45069	Telephone Number (Including Area Code) 606-929-1200		
Address of Principal Business Operations: (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same	Telephone Number (Including Area Code)		
Brief Description of Business: Owner of steel mini-mill which produces bar flats.	PROCESSED		
Type of Business Organization	(please specify): JUL 112008		
Actual or Estimated Date of Incorporation or Organization:    Month   Year			
GENERAL INSTRUCTIONS			

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on a et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the the U.S. Securities and Exchange Commission (SEC) on the earlier o if received at that address after the date on which it is due, on the date it v

Where to File: U.S. Securities and Exchange Commission, 450 Fifth

ion 4(6), 17 CFR 230.501

A notice is deemed filed with t the address given below or, r certified mail to that address.

OMB APPROVAL

Estimated average burden hours per response . . . 16.00

DATE RECEIVED

3235-0076 July 31, 2008

Serial

OMB Number:

Expires:

Copies Required: Five (5) copies of this notice must be filed with the SEC, one or writen must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. sf-2539271

SEC 1972 (5-05) 1 of 7

#### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. □ Director ☐ General and/or Check Box(es) that Apply: Promoter ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Scheel, John **Business or Residence Address** (Number and Street, City, State, Zip Code) 3526 Odom Drive, New Port Richey, FL 34652 Executive Officer Director General and/or Check Box(es) that Apply: Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Reisenberg, Donald (Number and Street, City, State, Zip Code) Business or Residence Address 9003 Cincinnati-Dayton Road, West Chester, OH 45069 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Christ, Robert **Business or Residence Address** (Number and Street, City, State, Zip Code) 9003 Cincinnati-Dayton Road, West Chester, OH 45069 General and/or Executive Officer Director Check Box(es) that Apoly: Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Diamond, Jonathan Business or Residence Address (Number and Street, City, State, Zip Code) 81 Wooster Street, Apt. 2WO, New York, NY 10012 ☐ Executive Officer Director ☐ General and/or Beneficial Owner Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Byer, Hal G. (Number and Street, City, State, Zip Code) **Business or Residence Address** 355 Golden Grove Ct., Simi Valley, CA 93065 □ Director General and/or ☐ Beneficial Owner ☐ Executive Officer Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Fritz, Robert Scott (Number and Street, City, State, Zip Code) Business or Residence Address 36 Hideaway Drive, Beach Haven Park, NJ 08008 ☐ General and/or □ Director Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer Managing Partner Full Name (Last name first, if individual) Ravich, Jess Business or Residence Address (Number and Street, City, State, Zip Code) 11766 Wilshire Boulevard, Suite 870, Los Angeles, CA 90025

#### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and · Each general and managing partner of partnership issuers. General and/or ☐ Executive Officer ☐ Director Check Box(es) that Apply: Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Corso, Jr., Joseph **Business or Residence Address** (Number and Street, City, State, Zip Code) 167 Zock Road, Cuddlebackville, NY 12729 General and/or Check Box(es) that Apply: ☐ Executive Officer Director ☐ Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer ☐ Director General and/or Check Box(es) that Apply: ☐ Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Beneficial Owner ☐ Executive Officer Director General and/or ☐ Promoter Managing Partner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code)-☐ General and/or Check Box(es) that Apply: Beneficial Owner ■ Executive Officer ☐ Director □ Promoter Managing Partner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: Beneficial Owner Executive Officer ☐ Director Promoter Managing Partner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner □ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code)

					B. INF	ORMAT	ION ABO	UT OFFI	ERING				
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes No				
Answer also in Appendix, Column 2, if filing under ULOE.													
What is the minimum investment that will be accepted from any individual?								N/A					
2. What is the minimum investment that will be accepted from any murvidual:													
3. Does the offering permit joint ownership of a single unit?									N/A				
							or will be						
					•		onnection vealer regis				_	•	
							ersons to						
ого	lealer, you	may set f	orth the in	ıformation	for that b	roker or d	ealer only.	NONI	C	-			
	ıme (Last ı				•	N/A							
Busines	ss or Resid	lence Add	ress (Num	ber and S	treet, City	, State, Zi	p Code)	-	N/A				•
Name o	of Associat	ted Broke	r or Dealer			N/A							
States i	n Which F	Person Lis	ted Has So	olicited or	Intends to	Solicit P	urchasers						
							************						All States
•					ŕ							_	1 till Otates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]	
[IL] [MT]	(IN) [NE]	[IA]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
[RI]	(SC)	[NV] [SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
	me (Last 1				[0.]	N/A	[ * * * * * * * * * * * * * * * * * * *	[ ,,,,]	[,, ,]	[ ,,,,]	[,, ,]		
1 411 (14	ane (East )	11110	, 11 /1101710	,									
Rucines	ss or Resid	lence Add	ress (Num	her and S	treet City	State Zin	n Code)	-	N/A			· · · · · · ·	<del>_</del>
Dusines	os or icesic	ichec Ado	1035 (14011	ioci and 5	ucci, City	, Giaic, Zii	p code)		19/73				
Name o	of Associat	ted Broke	r or Dealer	<u></u>		N/A							
ivaine c	n Associa	ica bioke	of Dealer			IVA							
Ctatani	n Which F	Passan Lic	tad Uan Ca	alinitad on	Intende te	Calinit D	urahagara						
												_	
(Check "All States" or check individual States)								All States					
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amou already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\) and indicate in the columns below the amounts of the securition offered for exchange and already exchanged.	ge	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$193,000	\$193,000
	Common Preferred	<u> </u>	<u> </u>
	Convertible Securities (including warrants)	\$	•
	Partnership Interests	\$	· · · · · · · · · · · · · · · · · · ·
	·	\$	•
	Other (Specify)	D	\$
	Total	\$ <u>193,000</u>	\$ <u>193,000</u>
	aggregate offering price and amount already sold includes \$75,000 representing approxi 59/share issued in exchange for services provided.	mately 127,122 shares o	of common stock at
	Answer also in Appendix, Column 3, if filing under ULOE		
2.	Enter the number of accredited and non-accredited investors who have purchased securiti in this offering and the aggregate dollar amounts of their purchases. For offerings und Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases of the total lines. Enter "0" if answer is "none" or "zero."	er ite	
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	7	\$ <u>193,000</u>
	Non-accredited Investors	0	\$ <u>0</u>
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (I months prior to the first sale of securities in this offering. Classify securities by type list in Part C - Question 1.	2) ed	D.W. A
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	\$
	Regulation AN/A		\$
	Rule 504N/A		\$
	Total		<b>4</b>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution in this offering. Exclude amounts relating solely to organization expenses of the issuer. may be given as subject to future contingencies. If the amount of an expenditure is not kn	The information	<u> </u>
	estimate and check the box to the left of the estimate.  Transfer Agent's Fees		□\$
	Printing and Engraving Costs		□ \$
	Legal Fees		⊠ \$ <u>5,000</u>
	Accounting Fees		□ \$
	Engineering Fees		□ \$
			□ \$
	Sales Commissions (specify finders' fees separately)		□ \$ ⊠ \$_400
	Other Expenses (identify) blue sky fees		<del>-</del>
	Total		<b>⊠</b> \$ <u>5,400</u>

	aggregate offering price given in response to Part C - shed in response to Part C - Question 4.a. This					
	eds to the issuer."		\$ <u>187,600</u>			
be used for each of the purposes she furnish an estimate and check the box	sted gross proceeds to the issuer used or proposed to own. If the amount for any purpose is not known, to the left of the estimate. The total of the payments roceeds to the issuer set forth in response to Part C -					
		Payments to				
		Officers, Directors, &	Payments To			
		Affiliates	Others			
			□ \$			
Purchase of real estate	_	U \$				
•	stallation of machinery and equipment	_	□ \$			
·	uildings and facilities	🗆 \$	□ \$			
	ncluding the value of securities involved in exchange for the assets or securities of another					
issuer pursuant to a merger)	Actualize for the assets of securities of another	🔲 \$	<b>S</b>			
Repayment of indebtedness		🔲 \$	<b>S</b>			
Working capital		🛛 \$	<b>≥</b> \$ <u>187,600</u>			
Other (specify)		🗆 \$	□ \$			
		🗆 \$	□ \$			
			⊠ \$			
Total Payments Listed (column to	etals added)	\$187,600				
875,000 of the common stock shares grante the purpose of this form only.	d were issued in exchange for services provided, and are	e included in the total	proceeds amount fo			
	D. FEDERAL SIGNATURE					
llowing signature constitutes an undertaking	signed by the undersigned duly authorized person. If g by the issuer to furnish to the U.S. Securities and Exch suer to any non-accredited investor pursuant to paragraph	ange Commission, up	der Rule 505, the son written request			
suer (Print or Type)	Signature	Date				
LJ Regional Holdings, Inc.	Cohol Scheel	2 frot	408			
ame of Signer (Print or Type)	Title of Signer (Print or Type)	,				
ohn Scheel	Chief Executive Officer					